

Lake
creek
connect ??

Names of minor children if insured:

Ancestral File (TM) - ver H410

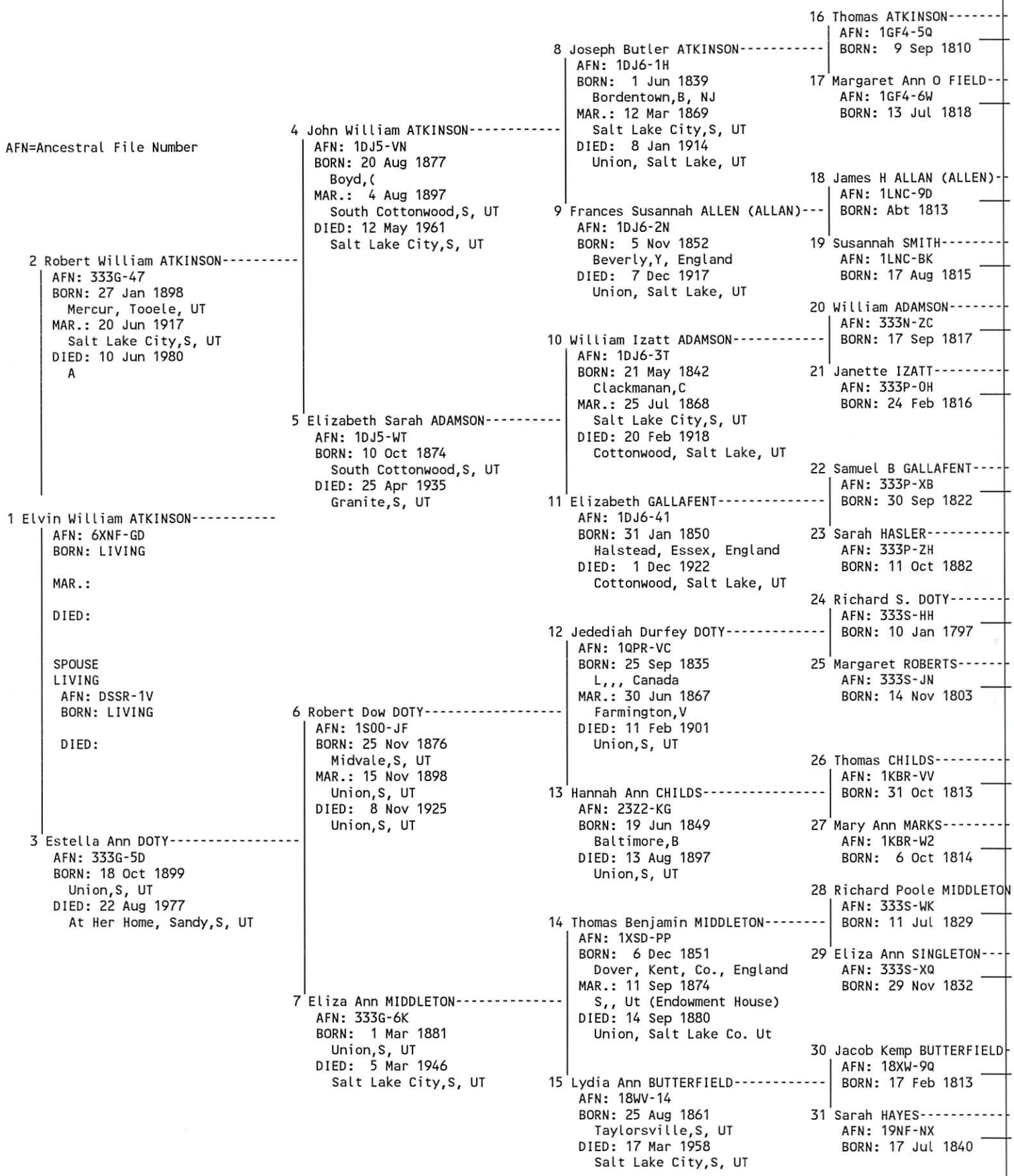
PEDIGREE CHART

07 OCT 1992

Chart 1

No. 1 on this chart is the same as no. _____ on chart no. _____

AFN=Ancestral File Number



Elvin Wm Atkinson

(DO NOT DETACH) **AUTHORIZATION TO OBTAIN INFORMATION** (DO NOT DETACH)

- I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance, or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to Beneficial Life Insurance Company or its legal representative, any and all such information.
- I UNDERSTAND the information obtained by use of the Authorization will be used by BENEFICIAL LIFE INSURANCE COMPANY to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by BENEFICIAL LIFE INSURANCE COMPANY to any person or organization EXCEPT to reinsuring companies, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required or as I may further authorize.
- If an investigative consumer report is required in connection with my application, I hereby request a personal interview by checking here. ☐
- I KNOW that I may request to receive a copy of this Authorization.
- I AGREE that a photographic copy of this Authorization shall be as valid as the original.
- I ACKNOWLEDGE receipt of the Notice of Disclosure of information and Notice to Proposed Insured.
- I AGREE this Authorization shall be valid for two and one half years from the date shown below.

Signed this 6th day of Nov., 19 92

Ray Lowell Ryan
Signature of Proposed Insured
(or Parent or Guardian if Proposed Insured is a minor)

Em Scott
Witness

Signature of Spouse, Payor or other Proposed Insured